

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 2

2. STATE:

Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 435

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 6.1 million

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2 A, p 22
of 26; Appendices I, II, III of
Supplement 1 to Attachment
2.6 A; Supplement 1 to Attachment
2.6 A, pp 5, 8, 8a of 10.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same pages

10. SUBJECT OF AMENDMENT:

Medically Needy Income Limits and
A,B,D Individuals at 80% of Federal Poverty Level

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Secretary, Health & Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Eric S. Bell

14. TITLE:

Director

15. DATE SUBMITTED:

8/16/01

16. RETURN TO:

Dept. of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Attn: Reg. Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

8/22/01

18. DATE APPROVED:

SEP 24, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

Claudette V. Campbell /tg

21. TYPED NAME:

CLAUDETTE V CAMPBELL

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID &
STATE OPERATIONS

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation	Groups Covered	
		B.	<u>Optional Groups Other Than the Medically Needy (Continued)</u>
IV-A	1902(a)(ii)(X) and 1902(m)(1) and (3) of the Act	<input checked="" type="checkbox"/>	16. Individuals-- a. Who are 65 years of age or older or are disabled, as determined under §1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group. b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size; and c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <u>ATTACHMENT 2.6-A</u> .

* Agency that determines eligibility for coverage.

TN No. 01-02
Supersedes
TN No. 93-04

Approval Date **SEP 24 2001**

Effective Date 07/01/01

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

INCOME ELIGIBILITY LEVELS

STANDARDS OF ASSISTANCE

GROUP I

<u>Size of Assistance Unit</u>	<u>Table 1 (100%)</u>	<u>Table 2 (90%)</u>
1	\$151.11	\$135.58
2	237.01	214.24
3	305.32	274.27
4	370.53	333.27
5	436.77	393.30
6	489.55	441.94
7	553.72	498.87
8	623.07	559.93
9	679.99	611.68
10	743.13	669.64
Each person above 10	63.13	57.96

MAXIMUM REIMBURSABLE PAYMENT \$403

TN No. 01-02
Supersedes
TN No. 93-04

Approval Date **SEP 24 2001**

Effective Date 07/01/01

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

INCOME ELIGIBILITY LEVELS

STANDARDS OF ASSISTANCE

GROUP II

<u>Size of Assistance Unit</u>	<u>Table 1 (100%)</u>	<u>Table 2 (90%)</u>
1	\$180.09	162.49
2	265.99	239.08
3	333.27	301.18
4	399.51	359.14
5	472.99	423.35
6	526.81	474.03
7	589.95	529.92
8	658.26	592.02
9	716.22	644.80
10	780.39	701.73
Each person above 10	63.13	57.96

MAXIMUM REIMBURSABLE PAYMENT \$435

TN No. 01-02
Supersedes
TN No. 93-04

Approval Date SEP 24 2001

Effective Date 07/01/01

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

INCOME ELIGIBILITY LEVELS

STANDARDS OF ASSISTANCE

GROUP III

<u>Size of Assistance Unit</u>	<u>Table 1 (100%)</u>	<u>Table 2 (90%)</u>
1	\$251.50	227.70
2	338.44	304.29
3	406.75	366.39
4	472.99	424.35
5	560.97	505.08
6	613.75	552.69
7	677.92	610.65
8	745.23	672.75
9	806.26	725.53
10	868.33	781.42
Each person above 10	63.13	57.96

MAXIMUM REIMBURSABLE PAYMENT \$518

TN No. 01-02
Supersedes
TN No. 93-04

Approval Date SEP 24 2001

Effective Date 07.01.01

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

INCOME ELIGIBILITY LEVELS

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of §1902(m)(4) of the Act are as follows:

Based on 80 percent on the official Federal income poverty line (as revised annually in the Federal Register).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$6,872</u>
<u>2</u>	<u>\$9,288</u>
<u>3</u>	<u>\$11,704</u>
<u>4</u>	<u>\$14,120</u>
<u>5</u>	<u>\$16,536</u>

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 01-02
Supersedes
TN No. 93-04

Approval Date **SEP 24 2001**

Effective Date 07/01/01

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

INCOME ELIGIBILITY LEVELS

D. INCOME LEVELS - MEDICALLY NEEDY

- ☒ Applicable to all groups ☐ Applicable to all groups except those specified below.
Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>12</u> months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net Income level for persons living in rural areas for <u> </u> months	Amount by Which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
<input type="checkbox"/> urban only				
<input checked="" type="checkbox"/> urban & rural		SEE PAGE 8a for REQUIRED INCOME LEVELS		
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
For each additional person, add:	\$	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

INCOME ELIGIBILITY LEVELS

D. INCOME LEVELS - MEDICALLY NEEDY

☒ Applicable to all groups ☐ Applicable to:

(1)	(2)	(3)		
Family Size	Net income level protected for maintenance	Amount by Which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹		
	<input type="checkbox"/> urban only			
	<input checked="" type="checkbox"/> urban & rural			
	Group I	Group II	Group III	
1	\$2691.00	\$3105.00	\$4036.50	\$ 0
2	\$3519.00	\$3824.00	\$4867.00	\$ 0
3	\$4036.50	\$4450.50	\$5485.50	\$ 0
4	\$4554.00	\$4968.00	\$6003.00	\$ 0
5	\$5071.50	\$5485.50	\$6520.50	\$ 0
6	\$5589.00	\$6003.00	\$7038.00	\$ 0
7	\$6106.50	\$6520.50	\$7555.50	\$ 0
8	\$6727.50	\$7141.50	\$8073.00	\$ 0
9	\$7348.50	\$7762.50	\$8797.50	\$ 0
10	\$8073.00	\$8487.00	\$9418.50	\$ 0
For each additional person, add:	\$ 695.52	\$ 695.52	\$ 695.52	\$ 0

*NOTE: As authorized in §4718 of OBRA '90.

TN No. 01-02
Supersedes
TN No. 93-04

Approval Date **SEP 24 2001**

Effective Date 07-01-01

HCFA ID: 7985E



Department of Health and Human Services

Centers for Medicare & Medicaid Services
Region III

Suite 216, The Public Ledger Bldg
150 S. Independence Mall West
Philadelphia, PA 19106-3413

SEP 24 2001

Eric S. Bell, Director
Department of Medical Assistance Services
Commonwealth of Virginia
Suite 1300
600 East Broad Street
Richmond, Virginia 23219

Dear Mr. Bell:

We have reviewed State Plan Amendment (SPA) 01-02, which increases income levels for the medically needy and aged, blind, and disabled individuals. This SPA is acceptable. Therefore, we are approving it with an effective date of July 1, 2001.

If you have any questions, please contact Jake Hubik at 215-861-4181.

Sincerely,

*for Ted K...
Claudette V. Campbell*

Associate Regional Administrator
Division of Medicaid & State Operations

Enclosure